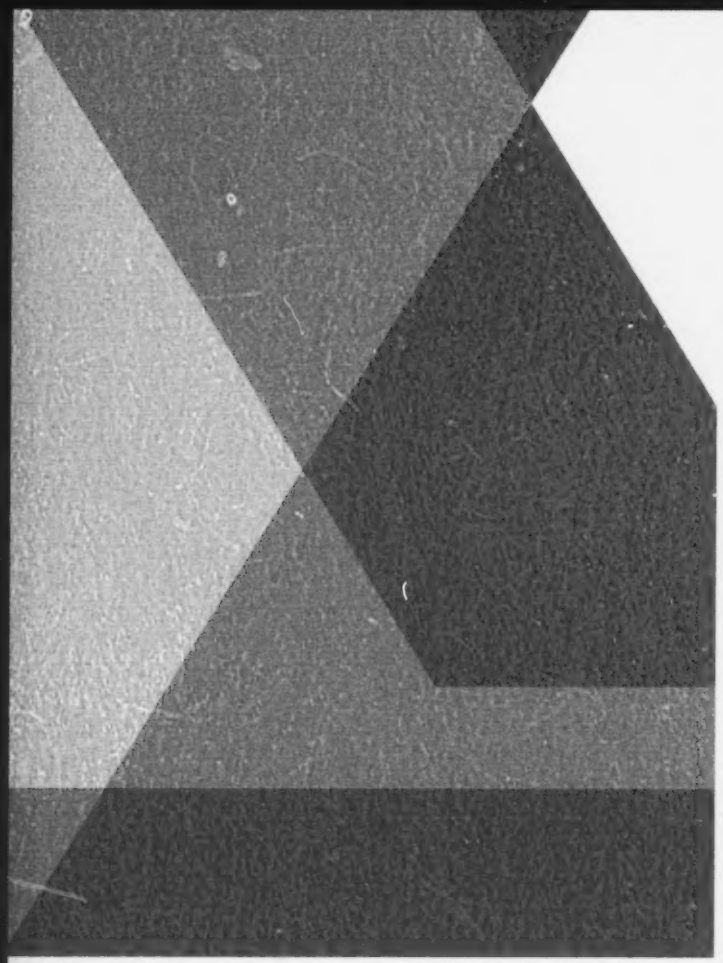

Business Plan

2018–19

Department of Health and Wellness

NOVA SCOTIA

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Health and Wellness Annual Business Plan 2018-19

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Message from the Minister

Since I became Health and Wellness Minister, I have spent time travelling the province, meeting with health care professionals and community members to see first-hand the care they provide and hear their ideas on how we can improve.

The message is clear: Nova Scotians want new and innovative healthcare solutions.

We are thinking differently about how we can improve access to healthcare services, and this year's business plan concentrates on several key priorities. Investments in collaborative primary health care and orthopedic surgeries, improved supports for mental health and addictions, continuing care, digital health, and capital infrastructure will help us better support healthy and vibrant citizens and communities.

We are continuing to invest in collaborative primary health care, with a focus on connecting more Nova Scotians to a family practice. We're supporting exciting work within the health authorities related to improved wait times for orthopedic surgeries, and we're already seeing positive results that we expect to only get better in the year ahead.

In our commitment to improve mental health and addictions access and outcomes, we are acting - along with the health authorities - to implement a central intake process, increase community based supports, expand mental health and addictions crisis services, expand Youth Health Centres, and continue action on the Opioid Use and Overdose Framework.

In 2018/19, we'll continue to take actions to help Nova Scotians stay in their own homes for as long as possible. The expansion of our Caregiver Benefit Program in 2018 will enable more Nova Scotians to access the program, and an evaluation in the coming year will assess how the program can support even more people who wish to stay in their home with the support of a caregiver.

We're continuing to move forward with information systems like One Patient One Record (OPOR) and MyHealthNS, to improve care by ensuring health care providers and patients have better and more seamless access to medical records - providing the right information at the right time and place.

I'm optimistic about 2018/19. The year ahead provides the opportunity to continue listening and working together with our stakeholders in and outside of the health system. As we've seen in many areas of the health system, we do better when we work together.

This 2018/19 Department of Health and Wellness Business Plan provides an overview of our plans for the year ahead, as we work to keep Nova Scotia's communities healthy and well.

Original signed by
Honourable Randy Delorey, Minister of Health and Wellness

Health and Wellness Annual Business Plan 2018-19

Section 1- Mandate

The health and wellness system includes the delivery of health care as well as the prevention of disease and injury and the promotion of health and healthy living. The *Nova Scotia Health Authorities Act* (the Act) clearly establishes the roles and responsibilities of the Department of Health and Wellness (the Department), the Nova Scotia Health Authority (NSHA) and the Izaak Walton Killam Health Centre (IWK).

The Department is responsible for:

- providing leadership for the health system by setting the strategic policy direction, priorities and standards for the health system;
- ensuring appropriate access to quality care through the establishment of public funding for health services that are of high value to the population; and
- ensuring accountability for funding and for the measuring and monitoring of health-system performance.

NSHA & IWK are responsible for:

- governing, managing and providing health services* in the Province and implementing the strategic direction set by the Department; and
- engaging with the communities they serve, through the community health boards.

***Health Services** are defined in the Act as "services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the Province through hospitals and other health-care institutions, public-health services, addiction services, emergency services, mental-health services, home-care services, long-term care services, primary health care services and such other services as may be prescribed by the regulations"

The Department along with its partners, the NSHA and the IWK are committed to keeping Nova Scotia`s communities healthy and well. To create healthy, safe, vibrant communities, the Department needs to effectively partner and collaborate with social services in other government departments: for example, community services, education and justice.

To provide timely and quality care that meets the needs of our communities, the Department, working with the health authorities, will continue to enhance access and integration of comprehensive primary health care, mental health and addictions care and continuing care across the continuum of care. While continuing to enhance community based services, we recognize there will always be a need for hospitals and other facilities and we will continue to work to improve infrastructure to support safe and quality care to Nova Scotians across their life span.

The Department will continue to promote patient centred care that empowers individuals to take better care of themselves and their loved ones with support from the right providers at the right place and time. This means ensuring our systems are well coordinated and aligned using digital technology where health care providers and patients have access to health information when it is needed.

Section 2- 2018-19 Department Initiatives

For the 2018-19 Business Plan, the Department of Health and Wellness has identified the following key priorities:

- Access to Primary Health Care
- Access to Orthopedic Surgeries
- Access to Mental Health & Addictions Supports
- Continuing Care
- Digital Health—One Person One Record, MyHealthNS
- QEII Redevelopment & IWK Emergency Department

Access to Primary Health Care

Working closely with the NSHA, the IWK and other partners, the Department will continue to enhance access to primary health care in the province by strengthening existing and creating new collaborative care teams. Collaborative care means healthcare providers work together as a team to provide comprehensive and timely care. It involves nurse practitioners, registered nurses, family practice nurses, dieticians, social workers, physicians, paramedics, pharmacists and others. The combination of providers within each team is determined based on the needs of the community.

As part of our work on primary health care, the Department is working closely with the health authorities and Doctors Nova Scotia to enhance physician recruitment and retention strategies. These include financial and education incentive programs that: encourage family physicians to work in underserviced areas of the province, to accept more patients into their practice, to support the adoption of technology in their practice, and to assist internationally trained medical graduates to practice in Nova Scotia.

Family Practice Enhancements—New initiatives to enhance primary care family practices in Nova Scotia through Fee Increases, Enrolment Incentives, Patient Attachment Incentives, Technology Incentives, Electronic Medical Record (EMR) Incentives, and Electronic Medical Record (EMR) Support.

Fee Increases—$13.9 million to increase basic office visit rates for fee for service and APP family practice physicians.

Enrolment Incentive Trust—A $6.6 million trust to develop an up-to-date list of patients, on a voluntary basis, served by family practices in Nova Scotia.

Patient Attachment Incentive Trust—A $6.4 million trust to provide an incentive to existing family practice doctors to accept new patients in need of a family practice.

Technology Incentive--$4.2 million investment in a pilot to deliver phone and e-health services to improve access to primary care; convenience for patients and efficiency for doctors.

Electronic Medical Record (EMR) Incentive Trust—A $5.2 million trust to make one-time payments to family doctors changing EMR providers and one-time incentive to expedite EMR transition from the Nightingale on Demand system (software being phased out).

Electronic Medical Record (EMR) Support—Financial support committed for EMR users.

Financial Incentives--Financial incentive programs are in place to support physicians, including the Tuition Relief Program, Family Medicine Bursary, and Debt Assistance. The Department is continually reviewing its incentive programs to ensure they are meeting the needs of Nova Scotia.

Tuition Relief--The government has committed to fund up to twenty-five (25) tuition relief packages per year for four years (2015-19). Physicians are reimbursed for tuition paid during medical school through this program. These physicians are required to complete a five-year return of service.

Family Medicine Bursary--Bursaries of $60,000 each are available each year for approximately ten family medicine residents through the Family Medicine Bursary program. These physicians are required to complete a 3-year return of service.

Debt Assistance--is available for family medicine and specialist residents; $45,000 over a three-year period of service is available for family physicians through this program.

Educational programs: Nova Scotia funds medical education/residency positions at Dalhousie University in exchange for a commitment to provide return of service. These include:

International Medical Graduates (IMG) Family Residencies--Four to five positions are funded each year for IMGs entering the Family Medicine residency program at Dalhousie University. These students are required to complete a three-year return of service.

IMG Clerkship--Two positions are funded each year for international medical graduates entering the IMG Clerkship program at Dalhousie. These students are required to complete a four-year return of service.

Dalhousie Re-entry Program--Two positions are funded year through this program each year. These students are required to complete a return of service that varies depending on the duration of funded training.

Access to Mental Health & Addictions (MHA) Care

To best meet current and emerging MHA needs, the Department supports a person-centered approach that aligns services with the needs of the population. This approach includes investment in health promotion and prevention, early intervention and acute care. In 2018-19, the Department will invest in partners, such as the IWK and NSHA, to enhance service access and responsiveness and increase community supports through the following:

Central Intake-- NSHA and IWK are working to provide a single-entry point for access and standardized evidence-based screening and triage processes for MHA services.

Community Based Supports--MHA clinicians will continue to be added by NSHA across the province, including in our First Nations communities for individual treatment, as well as group treatment and support programs.

MHA Crisis Service Expansion—The NSHA and the IWK are working to expand coverage provided by the MHA crisis response teams and increasing their capacity to follow-up with patients from outpatient/ community-based clinics.

Opioid Use and Overdose Framework—this framework, released in 2017, outlines action steps in the areas of understanding the issue, prevention, harm reduction, treatment and prescribing practices and criminal justice and law enforcement. Continued investment under the framework in 2018/19, will further increase access to harm reduction programs, naloxone and to Opioid Use Disorder treatment. There will also be increased funding to support initiatives through the Drug Evaluation Alliance of Nova Scotia and the Prescription Monitoring Program to optimize the prescribing of opioids.

Expansion of Youth Health Centres—In response to recommendations from the Minister's Panel on Innovation in Mental Health and Addictions and the Commission on Inclusive Education, the Department will work with the Department of Education and Early Childhood Development to develop an integrated service delivery model that will better meet the needs of children and youth in Nova Scotia. These centers will address existing resources and gaps, and align integration with SchoolsPlus, Early Years Centers, Health Promoting Schools work, and Collaborative Primary Health Care Teams.

Continuing Care

Continuing Care Services are provided to eligible people who need care outside of the hospital—in their home and community or in long-term care (residential care facilities and nursing homes). Over 160 service providers, the Department, NSHA and IWK work collaboratively to provide these services and are continually looking for ways to decrease wait times for home care services and long-term care.

Nova Scotia has the one of the oldest populations in Canada with an increasing demand for continuing care services. The Department will outline Government's vision for change to enhance

quality and sustainability for the next five years and beyond. The Department will reach out to engage with seniors, families and stakeholders on specific initiatives, as these plans develop. This work will also include collaborative initiatives with the NSHA and our community partners, such as the Brain Injury Association of Nova Scotia, the Alzheimer Society and Caregivers Nova Scotia, to expand support for clients in their homes and communities. The Department has also been working closely with the NSHA and the IWK to improve processes to monitor performance and system efficiency. As part of this work, we will introduce policies that ensure timely access to long-term care for people with the most urgent needs and family reunification to enable spouses to stay together when both are in long-term care.

The Caregiver Benefit Program was expanded in early 2018. The expansion will enable more Nova Scotians to access the program, including some caregivers of clients with acquired brain injuries and dementia. In the coming year, an evaluation of the Caregiver Benefit Program will be conducted to assess its impact and areas for improvement.

Access to Orthopedic Surgeries

Government will continue to invest in improving efficiency and effectiveness of orthopedic surgeries in an effort to work toward national benchmarks. Continued investment in this area will be directed at re-engineering processes to align nine practices, designed for the previous district health authorities, into one provincial process. This investment will also include important enhancements to prehabilitation services that better prepare patients for surgeries, purchase of essential equipment and increased staffing to facilitate surgeries.

Digital Health–One Person One Record and MyHealthNS

Digital health that is well integrated with traditional care, provides opportunities to seamlessly connect the care team, including the patient. Nova Scotia's digital health plan supports a modern, integrated health system.

One Person One Record (OPOR) Project—this project will transform Nova Scotia's health care system by replacing three aging hospital information systems with a modern, high functioning, data driven, clinical information system. OPOR will ensure patient care is supported across the continuum of care, providing the right information at the right time, when and where care is needed. The Department, in collaboration with the NSHA, the IWK and the Department of Internal Services have worked together to develop a Request for Proposals (RFP). During 2018-19, the RFP will be released to the two shortlisted vendors and responses evaluated to determine the best solution to meet the needs and requirements of our health system.

MyHealthNS– provides citizens with secure online access to their health information and enables communication between patients and their health care team. The Department is leading the province-wide roll out of MyHealthNS with the initial focus on eResults (releasing lab results, imaging results, and specialist reports) to patients. With the ability to

compare past results, patients will be better informed and in control of their health. As of January 31, 2018, there are 238 providers (25 percent of family physicians across the province) and 13,420 patients signed up to use MyHealthNS. The Department is actively working on options to expand access for all citizens and providers, of which the Technology Incentive is one example.

QEII Redevelopment & IWK Emergency Department

The Department is working with its partners, the NSHA, IWK and Departments of Transportation and Infrastructure Renewal and Internal Services to ensure that our health care infrastructure meets the needs of Nova Scotians today and into the future. Two key initiatives that demonstrate this vision are the redevelopments of the QEII and the IWK Emergency Department.

QEII Redevelopment--The redevelopment focuses on: transferring the most complex and specialized care from the aging VG site to the Halifax Infirmary site; creating a specialized outpatient centre for day surgeries and other ambulatory care; creating a community outpatient centre for services that do not need to be delivered in a hospital setting; creating additional surgical capacity in Dartmouth General and Hants Community Hospital.

IWK Emergency Department Redevelopment—like the QEII, the IWK is a valuable provincial and Atlantic health resource. The IWK's Emergency Department continues to experience intense pressures in the management of increasing demand year over year. In 2018-19, work will begin on the Emergency Department Redevelopment starting with the design phase.

Section 3- Budget

Health and Wellness Budget 2018-19

Departmental Expenses Summary
($ thousands)

Programs and Services	2017-2018 Estimate	2017-2018 Forecast	2018-2019 Estimate
General Administration	2,138	1,831	2,078
Strategic Direction and Accountability			
Chief Medical Officer of Health	2,306	2,105	2,325
Client Service and Contract Administration	5,644	5,499	5,644
Corporate Service and Asset Management	11,356	9,409	11,776
Investment Decision Support	4,070	3,903	4,566
System Strategy and Performance	10,465	9,305	10,818
Service Delivery and Supports			
Physician Services	826,596	839,552	869,587
Pharmaceutical Services and Extended Benefits	305,651	309,159	311,230
Emergency Health Services	147,499	150,434	149,257
Continuing Care	832,990	826,608	841,881
Other Programs	176,142	173,139	177,323
Health Authorities			
Nova Scotia Health Authority	1,591,191	1,625,442	1,638,316
IWK Health Centre	216,462	226,587	222,940
Capital Grants and Healthcare Capital Amortization			
Capital Grants and Healthcare Capital Amortization	81,643	81,475	119,358
Total - Departmental Expenses	**4,214,153**	**4,264,448**	**4,367,099**
Ordinary Recoveries	122,946	125,857	125,662
Funded Staff (# of FTEs)	302.4	249.5	301.4
Department Funded Staff	296.4	245.5	295.4

Note:
For Ordinary Revenues, see Estimates and Supplementary Detail Book, Chapter 2
For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1